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CONFIRMATION NO. 6176

<b>SERIAL NUMBER</b> 09/841,025	<b>FILING OR 371(c) DATE</b> 04/24/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 1662/52602
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/199,298 04/24/2000 and claims benefit of 60/206,025 05/22/2000  
 and claims benefit of 60/225,364 08/14/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 07/03/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 123	<b>INDEPENDENT CLAIMS</b> 66
Verified and Acknowledged	Examiner's Signature <i>Al-Sch</i> Initials <i>cc</i>				

**ADDRESS**

26646

**TITLE**

Zolpidem hemitartrate

<b>FILING FEE RECEIVED</b> 7986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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